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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Malawi

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Malawi for the period 1997 to 2001 in the amount of $14,750,000 from general resources, subject to the availability of funds, and $33,250,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Malawi is a landlocked country and one of the most densely populated in Africa. The rapidly increasing population is putting pressure on essential social services and natural resources, and is creating national and household food insecurity. The 1995 "Human Development Index" ranks Malawi as the tenth poorest country in the world, with two thirds of the population living in poverty.

2. After 31 years of autocratic rule, the first multi-party Government was elected in May 1994. It adopted poverty alleviation as its priority and endorsed 10 new social sector policies and guidelines. Recent surveys, including a multiple indicator cluster survey (December 1995), confirm the following figures and trends.

3. Child mortality is among the highest in the world, with infant and under-five mortality rates (IMR and U5MR) of 140 and 221 per 1,000 live births, respectively. The most frequent causes of death among children under five years old are malaria/anaemia, pneumonia, measles and diarrhoea. IMR will likely increase by 20 points and U5MR by 40 due to AIDS. In the worst case scenario, and if HIV is unchecked, IMR may increase by 50 per cent by the year 2000. Forty-nine per cent of all under-fives are chronically malnourished, one half of them severely. Nationally, the acute malnutrition rate is 5 per cent, and it is 9 per cent in urban areas. Micronutrient deficiencies are widespread.

4. Malawi's population will double in the next 20 years. Early marriage, early age of first pregnancy and short birth intervals are contributing factors. Two out of three girls 14 years of age have had sexual intercourse and 51 per cent of girls are pregnant before the age of 18 years. The maternal mortality rate is 560 per 100,000 live births. Underlying causes are inadequate access to information and maternal health services, illiteracy, risky reproductive behaviour, poor nutritional status of women and girls, low status of women, and traditional beliefs and practices.

5. Antenatal HIV prevalence is 24 per cent for urban women and 12 per cent for rural women. In the 15- to 19-year-old age-group, there are six times the number of female AIDS cases as male. An estimated 290,000 children will have lost their mothers to AIDS by the year 2000. One third of the Ministry of Health's curative budget is now spent for AIDS patients.

6. Sixty-three per cent of the total population lack access to safe drinking water within 0.5 kilometres of their dwellings. More than 30 per cent of all water points are estimated to be non-functional at any one time, and while 72 per cent of the population have access to some form of sanitation, only 6 per cent have access to an adequate facility.

7. Nationally, literacy is 56 per cent, 42 per cent for females and 72 per cent for males. Since 1994, overall enrolment increased from 1.9 million to 3.2 million students in the first year, and net enrolment from 53 to 83 per cent owing to the introduction of free primary education and the abolishment of school fees and the requirement for uniforms.

8. Villages are organized under customary law, with the traditional authority playing a central role. Traditional beliefs and customs greatly influence community life and determine social relationships, decision-making patterns, inheritance rights, and the acceptability of new ideas and modern practices. Investments in women's development, including maternal health and child care, family planning services, education, credit, training and skills development,

have received a relatively small share of attention and resources to date. The potential role of men in ensuring the good health of their families is not fully utilized. Youth are the most powerful potential agents for change. There is a tradition of self-help and community support, although community committees and groups are still not fully utilized for organized development efforts.

PROGRAMME COOPERATION, 1992-1996

9. The 1992-1996 programme focused explicitly on achieving the World Summit for Children goals, as expressed in the national programme of action (NPA) produced in 1992. During the first two years, a general embargo on development aid to Malawi and the severe drought of 1991/1992 caused a shift to emergency water supply and drought-related health problems at the expense of support to maternal and child health. The NPA goals were unrealistically high, and progress towards the mid-decade goals was initially slow. This process accelerated following the political transformation.

10. The programme achieved very high immunization coverage, with no confirmed cases of polio since 1992 and a significant drop in measles mortality. This is, however, not indicative of a generally well functioning health delivery system. Repeated social mobilization succeeded in creating demand for immunization services which, however, remain almost entirely donor financed. Other vertical programmes, such as the control of diarrhoeal diseases, acute respiratory infections, malaria and micronutrient deficiencies, met with mixed results. Oral rehydration therapy is widely understood by mothers. Legislation for salt iodization was passed in 1995. Major efforts are under way for vitamin A supplementation, food fortification and dietary diversification. There is a new national policy on safe motherhood.

11. AIDS prevention has become a distinct programme and has successfully targeted youth through social mobilization. It introduced community and family care as accepted policy and established a nationwide, district-based support network. Youth programmes are gaining popularity. The National AIDS Secretariat aims to promote AIDS prevention as a cross-sectoral issue.

12. The area-based programme contributed to an increased awareness of the need for decentralization. However, planning and operational mechanisms remained weak due to inadequate staffing in the Ministry of Local Government. The programme assisted local coordinating committees in three districts to produce integrated development plans. While some activities were successful, the results of others were difficult to document. One cause was the failure of the system to disburse funds to communities and to involve them in decisions on expenditure. However, more recently, a broader base for decentralized action was created with members of Parliament promoting Constituency Plans of Action for Children.

13. District-based water and sanitation projects, which focused mainly on community action and behaviour change, were very successful. Low-cost technologies, especially the use of hand-operated drilling rigs, and a strong mobilization strategy resulted in a remarkable network for community-based management of water points. The project has been a model for replication in other districts and in other countries. The UNICEF-led water sector study helped to reorient a large World Bank loan towards giving more attention to sanitation and women's involvement. The programme also developed model cooperation arrangements whereby non-governmental organizations (NGOs) play a facilitating role in health education and sanitation at the district level.

14. The programme successfully built capacity for research and policy analysis. The programme also helped to place nutrition issues on the political agenda and made a major contribution to the National Plan of Action for Nutrition. However, the creation of a Food Security and Nutrition Unit within Government was difficult owing to weak interministerial linkages and a lack of nutritionists, and did not result in a transfer of technologies or innovative nutrition interventions.

15. The education programme was originally established as a two-pronged initiative, providing mainly budget support to the Government for primary education and adult literacy programmes. With other donors now contributing to classrooms, supplies and teacher training, UNICEF assistance has shifted to the training of paraprofessionals and to supporting community-based educational approaches.

16. In response to the 1991/1992 and 1993/1994 droughts, the programme accelerated the water supply component and procured and distributed life-saving drugs. Jointly with the World Food Programme, the programme also supported data collection to improve targeting of relief assistance. The initiative resulted in the establishment of a district-based monitoring system for drought preparedness. The goals monitoring project, under a poverty alleviation monitoring system, strengthened capacity for a national social indicator monitoring system.

Lessons learned

17. As a follow-up to the global multi-donor evaluation, a full country programme evaluation was conducted in 1994. It determined that the global goals influenced programme strategies more than national policies and local conditions. This led to unattainable objectives and a lack of ownership. It was determined that the programme must remain flexible so that annual project plans of action can adapt to local and changing situations. Gender imbalances need to be addressed more systematically.

18. The immunization programme has shown that vertical programme lines can be effective if one specific problem is tackled through service delivery. Solutions to more complex health and nutrition problems, however, require more capacity-building, intersectoral collaboration and empowerment strategies.

19. Capacity-building must not increase recurrent costs and should have the close involvement of NGOs, the private sector and civil society. Decentralization will be supported by the strengthening of district development committees and by using existing community structures. A government-led practical social indicator monitoring system will improve national and district-based planning. The successful introduction of village health and water committees and the HIV/AIDS prevention and care support structure demonstrates that community empowerment can be initiated and sustained at the national level.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources : $14,750,000
Supplementary funding: $33,250,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	3 200	9 000	12 200
Water and sanitation	900	10 000	10 900
Care and nutrition	2 100	4 500	6 600
Youth and education	2 950	8 250	11 200
Social policy, advocacy and communications	2 350	1 500	3 850
Programme support	3 250	-	3 250
Total	14 750	33 250	48 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

20. Through an intensive review of past cooperation and extensive consultations with Government, NGOs, the private sector, political leadership and donors, the country programme exercise has achieved a consensus on strategic approaches. The country programme evaluation and the mid-term review greatly influenced the new strategy, which was formally discussed in March 1995 with all partners. High commissioners, ambassadors and heads of mission were consulted.

21. The programme also incorporates the relevant provisions of major United Nations international conferences. The process was further enhanced by discussions on the United Nations/Government country strategy note. The programme cycles of the United Nations Development Programme, the United Nations Population Fund (UNFPA) and UNICEF are now harmonized. The comments by members of the Executive Board provided a very useful input into programme formulation.

Objectives and strategies

22. The 1997-2001 country programme is a significant departure from the previous programme of cooperation in content, structure and choice of strategies. It has been designed on the basis of its anticipated contribution to the national priority of poverty alleviation and many new government policies, the current status of children and women, the stipulations of the Convention on the Rights of the Child, the opportunities presented by the democratic transition and the goals of the World Summit for Children.

23. The overall objectives, which will contribute to the achievement of Malawi's national goals as documented in the NPA and other national policies, are to: (a) generate broad-based support and partnerships for the fulfilment of the rights as enshrined in the Convention on the Rights of the Child; and

(b) contribute to an enabling environment that places highest priority on the needs and protection of children and on a change of attitudes and behaviour, especially among youth.

24. The overall strategy focuses on empowerment and behaviour change, with elements of capacity-building. Following the political transition, aid to Malawi increased, allowing UNICEF assistance to shift away from service delivery to more strategic investments in empowerment and capacity-building. The programme remains a catalyst for reorienting major grants and loan activities. Weak Government infrastructure requires institutional reorganization, decentralization and public sector reform. Major opportunities now exist for mobilization at the grass-roots level by involving traditional and modern leadership. Empowerment strategies will stimulate the participation of existing or new community groups. The two underlying themes of the country programme are "community action" and "behaviour change", with youth as the most promising agents of transformation. The programme aims to address practical and strategic gender needs and takes note of the different needs, problems and opportunities of children as they grow into adulthood. The programme has national and district-based components, with at least one sector represented in 12 out of 24 districts. Geographical priorities are determined by the greatest need identified through the mid-decade goal survey.

25. The four categories of rights in the Convention on the Rights of the Child provide the basis for programme components. Survival rights are considered by the health and water and sanitation programmes. The care and nutrition programme is concerned primarily with the development rights of young children. The youth and education component aims to ensure the development and participation of adolescents. Both the youth and care programmes use the AIDS prevention and orphan care projects as the cutting edge of overall community empowerment. A fifth programme - social policy, advocacy and communications - attempts to influence the policy and political context and to create an enabling environment for the adoption of new strategies and behaviour.

Health

26. The health programme aims to reduce the incidence of expanded programme on immunization (EPI) vaccine-preventable diseases by 80 per cent, vitamin A deficiency by 30 per cent of 1995 levels, virtually eliminate iodine deficiency and, in target areas, ensure that 80 per cent of both common childhood illnesses and reproductive health service encounters are correctly managed in homes and health facilities. Capacity-building will be through performance-oriented training in biomedical, management and communication skills; the establishment of supportive supervision systems; and support for the development and implementation of problem-solving approaches. Empowerment strategies will strengthen gender-balanced village health committees; develop community co-management models; support participatory community assessment; and involve schools, religious organizations and the private sector in health promotion.

27. Building on the periodic, but almost universal EPI contacts between health providers and children, the programme aims to improve the quality of, and access to, essential preventive health services. Capacity will be enhanced in project districts to ensure the availability and quality of essential curative services, with appropriate referral to district hospitals. The programme will collaborate on the integrated fever management project, supported by the United States Agency for International Development, to develop an integrated case management protocol.

28. The reproductive health and safe motherhood component will build district capacity for essential obstetric services and empower women and men to undertake forward planning in preparation for pregnancy and delivery. Close links will be maintained with NGO- and community-based HIV/AIDS prevention activities. Another component will seek to empower families through the provision of knowledge, motivation and skills, and will support village committees, participatory health assessments and health service co-management schemes to enable communities to improve management of their health.

Water and sanitation

29. The water and sanitation programme will support the efforts of all key partners to ensure 80 per cent access to safe water and 60 per cent coverage of adequate sanitation in three districts serving 400,000 people. Pending the availability of additional supplementary funding, the programme will extend to additional districts.

30. The programme will assist the Ministry of Irrigation and Water Development to strengthen its Community-based Management Unit to coordinate the district-level activities of line ministries, NGOs and community initiatives. The district-based shallow-well rehabilitation project aims to increase coverage of water and sanitation, targeting 3,500 communities, and will be implemented by the Government in partnership with NGOs and communities. Another project aims to empower communities to install and manage water supplies using manual drilling rigs. Hygiene education and sanitation promotion will use innovative extension methods to ensure full participation of both men and women. Priority will be given to schools, which will link theory and practice and accelerate coverage. The programme will continue to develop acceptable and cost-effective community-based water technologies. Specifically, it will further develop the Afridev Direct Action pump, in collaboration with Government, NGOs, the private sector and research institutions.

31. The effects of years of drought are depleted groundwater and surface water resources. The programme will prepare contingency plans for the possibility of future drought episodes during the programme cycle to allow a rapid response for water supply and communal sanitation facilities.

Care and nutrition

32. The programme focuses on strengthening the ability of families and communities, as well as Government and NGO support mechanisms, to provide improved care for children. Nationally, it will contribute to the alleviation of the personal and social impact of an estimated 290,000 AIDS orphans and support increased care and learning opportunities for preschool children. In cooperation with NGOs, it aims to reduce chronic malnutrition by 25 per cent of 1995 levels in several local administrative units of approximately 30,000 people each.

33. As children in Malawi grow, they encounter different "care" problems at home and in their communities. Most alarming is the high rate of stunting, which is seen most frequently between 6 and 24 months of age. The programme will introduce foods rich in oil and micronutrients and present improved storage and processing techniques. Nutrition education aims to address gender imbalances in intra-household resource allocation. A gender analysis will be followed by "training for transformation", utilizing expertise from NGOs and religious groups, and facilitation of "triple A" (assessment, analysis, action) techniques within communities.

34. Previous experience with community-based child-care programmes will be used to mobilize community resources for the provision of early childhood education initiatives. This collective approach will also address the increased household dependency ratio. The emphasis on early learning opportunities will counteract the traditional belief that learning begins at school-age.

35. The HIV/AIDS pandemic seriously affects children, as parents in their most productive years die and leave them in the care of their relatives, who are unable to cope for similar reasons. The disintegration of the family provides people with the challenge of identifying new structures of community organization and self-help schemes. The existing orphan care programme will be extended to further consolidate support structures, such as district and community AIDS committees. These networks help to reduce stigmatization of AIDS orphans and of people living with AIDS, and provides a conduit for financial and technical assistance for community initiatives.

Youth and education

36. An innovative component of the new programme is based on the development and participatory rights enshrined in the Convention on the Rights of the Child. Its two-pronged theme of "change in learning" and "learning to change" addresses the need to rethink both primary education and the conditions of learning, and the potential of youth as agents for change. The objectives of the programme are to increase literacy and numeracy in primary-school-age children and to equip adolescents with the knowledge and skills to enable them to participate responsibly in their own development. This will be done by providing them with access to formal and non-formal life skills programmes.

37. The primary education project aims to increase and sustain primary school enrolment at 90 per cent and to increase the retention of girls. This will be achieved by involving school committees and parent-teacher associations in establishing and managing community schools and by educating them about the value of girls' education. It will also continue to play a catalytic role in primary education policy review and curriculum development.

38. The youth reproductive health project will empower youth to adopt risk reduction behaviour, specifically by delaying their first sexual experience and their first pregnancy. The project serves as the cutting edge for introducing wider youth reproductive health issues and a life skills curriculum. It will also promote youth reproductive health services in close collaboration with UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

39. A third component will promote the participation of youth in social development and discussions on issues affecting their well-being and future. It aims to establish a culture of dialogue among youth, and between youth and service providers; to provide opportunities for youth to meet and express their views; and to learn about the rights and entitlements of the Convention on the Rights of the Child. The project will also give youth, especially school drop-outs, a "second chance" by providing them with additional life skills and vocational training.

Social policy, advocacy and communications

40. The programme aims to ensure that the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women are recognized as a major framework for national policies and that 50 per cent of total government expenditure directly benefit children and women. Specifically, it will increase public awareness and create practical strategies

for reducing gender bias, gross child rights violations and child exploitation. The programme will promote the "enabling environment" that will help the four sectoral programmes to function effectively, and advocate for the best interests of the child to become a primary consideration for policy makers. The programme will continue to build capacity within Government and to strengthen community monitoring in order to rationalize the planning process and update the situation analysis of children and women as part of the overall National Poverty Monitoring System. Emphasis will be on district-based social indicator monitoring and will include sentinel community surveillance techniques.

41. The programme will assist the National Commission on Children and a strengthened Commission on Women to accelerate implementation of both Conventions, which have been ratified by Malawi. Assistance will be provided to legal resource centres, while research and advocacy will focus on child labour. The programme will work with the media to strengthen their capacity to focus on child issues and children's learning opportunities. In a country with a low literacy rate, innovative strategies are needed to make messages understandable and promote behavioural change. They include the use of radio, drama groups and traditional leaders. Interaction between extension staff and communities will be improved through training in interpersonal communication skills.

Monitoring and evaluation

42. Project inputs and expenditures are reviewed regularly through the established UNICEF Global Field Support System. Annual reviews and a mid-term review in 1999 will form part of an integrated monitoring and evaluation plan that harmonizes all scheduled studies, reviews and major data collection exercises, and involves district development committees. A major integrated household survey is also planned by the Government for the year 2000 which will determine progress towards achieving the goals agreed to at the World Summit for Children and provide a baseline for work in the next millennium. Support to the United Nations Common Country Assessment will be directed through the Ministry of Economic Planning and Development to build up a comprehensive capacity with all donors for coordination and harmonization of social indicator monitoring, as well as a decentralized technical capacity for data collection, analysis and dissemination under the framework of the poverty monitoring system.

Cooperation with other partners

43. A revitalized National Alliance for Children will ensure broad-based support from opinion leaders, academics, the private sector, artists and politicians. Collaboration will be intensified with professional media, legal and teaching associations, as well as the United Nations Centre for Human Rights in Malawi. Cooperation will be sought from NGOs and churches, especially for designing and employing empowerment and participatory approaches. Collaboration will extend to specialized government departments, including the National Statistical Office, the Malawi Institute of Education and branches of the University, notably Bunda College of Agriculture, the Center for Social Research, Chancellor College, the Polytechnic and the Colleges of Medicine and Nursing.

44. Considerable private sector expertise exists, and major enterprises can provide excellent outreach services. There is clear scope for partnerships beyond fund-raising. As demonstrated with the Malawi Education For All campaign, the private sector can play a significant role in special events and initiatives. Major companies in Malawi have joined together under the Initiative for Mobilization of Private Action, with which the country programme will collaborate.

45. The country programme will continue to play a catalytic role among resident and non-resident donors. As part of the United Nations System-wide Special Initiative on Africa, strategic discussions and joint implementation mechanisms will be sought with the World Bank in the areas of education, health, the Malawi Social Action Fund and social sector monitoring, as well as with the International Fund for Agricultural Development, the African Development Bank and the Kreditanstalt fuer Wiederaufbau (Bank for Reconstruction). Coordination will continue with the other United Nations agencies, with particular attention give to UNAIDS and to population and nutrition issues.

Resource mobilization

46. Over the last two years, and following the transition of Malawi to democratic governance, the UNICEF office has attracted increasing amounts of supplementary funding and has already secured almost one third of the total supplementary funding for the new programme. The total budget has, therefore, been increased to $48 million, in contrast to the budget of $30 million presented in the country note, in order to respond to these new opportunities. The Norwegian Agency for International Development (NORAD) and the Canadian International Development Agency have pledged support for the primary education programme, and both UNICEF Canada and the Government of the Netherlands have expressed a strong interest in the youth components. Pledges have been received from NORAD and UNICEF Australia for the water programme.

Programme management

47. The Government and UNICEF have committed themselves to management excellence and the highest professional standards. This includes the responsible use of, and accountability for, resources and ensuring the equitable application of existing government and UNICEF regulations, rules and principles. The Ministry of Finance is responsible for the overall coordination of government contributions, including overall resource management and the organization of other donor inputs. The Ministry of Economic Planning and Development is responsible for monitoring the impact of the programme and organizes periodic reviews of UNICEF-assisted activities. The main programme management tool will be annual project plans of action.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Malawi	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	221	(1994)	Very high U5MR
Infant mortality rate	140	(1994)	Very high IMR
GNP per capita $	140	(1994)	Low-income GNP
Total population	10.8 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	255	341	478	535
Infant deaths (under 1)	(thousands)	49	58	70	75
Under-five deaths	(thousands)	88	99	110	118
Under-five mortality rate (per 1,000 live births)		343	290	230	221
Infant mortality rate (under 1) (per 1,000 live births)		194	170	146	140

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1992)	Moderate & severe	..	27
	Severe	..	8
Babies with low birth weight (%, 1981/1987)		12	20
Primary school children reaching grade 5 (%, 1985/1990)		57	46

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%,1992)	..	3
Timely complementary feeding rate (6-9 mos.) (%,1992)	..	88
Continued breast-feeding rate (20-23 mos.) (%,1992)	..	56
Prevalence of wasting (0-59 mos.) (%, 1992)	..	5
Prevalence of stunting (0-59 mos.) (%, 1992)	..	49
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	104	88
Total goitre rate (1989)	..	13
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	30 / 9

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	43
Access to health services (% of population, 1985)	Total	..	80
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1985/1995)	Total	56	62
	Urban/rural	97 / 50	85 / 57
Access to adequate sanitation (% of population, 1980/1994)	Total	84	53
	Urban/rural	100 / 81	71 / 51
Births attended by trained personnel (%, 1988/1992)		45	55
Maternal mortality rate (per 100,000 live births, 1990)		..	560

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	86	92	97	99
	DPT	66	55	81	98
	Polio	68	50	79	98
	Measles	65	53	80	98
Pregnant women (%) immunized against:	Tetanus	..	38	82	76

TABLE 1 (continued)

Malawi

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1992)	Total	60 / 43	80 / 52
	Male	72 / 48	84 / 50
	Female	48 / 38	77 / 54
Secondary enrolment ratio (gross/net) (%, 1980/1992)	Total	3 / ..	4 / 2
	Male	5 / ..	6 / 2
	Female	2 / ..	3 / 2
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	45	56
	Male/female	64 / 28	72 / 42
Radio/television sets (per 1,000 population, 1980/1993)		42 / ..	226 / ..

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	4518	6183	9367	10843	12144
Population aged 0-15 years	(thousands)	2204	3073	4609	5318	5894
Population aged 0-4 years	(thousands)	888	1244	1821	2088	2225
Urban population (% of total)		6.0	9.1	11.8	13.3	15.6
Life expectancy at birth (years)	Total	40	44	46	45	45
	Male	40	43	45	45	45
	Female	41	45	47	46	46
Total fertility rate		7.3	7.6	7.3	7.0	6.4
Crude birth rate (per 1,000 population)		56	55	51	49	46
Crude death rate (per 1,000 population)		24	23	20	20	19

		About 1980	Most recent
Contraceptive prevalence rate (%, 1992)		..	13
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.9	4.0
	Urban	7.1	6.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-0.4	-2.0
Inflation rate (%, 1980-1985/1985-1994)		11	19
Population in absolute poverty (%, 1980)	Urban/rural	25 / 85	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1988)	Health/education	.. / ..	7 / 12
	Defence	..	5
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	4 / 10
Official development assistance: (1980/1994)	$US millions	143	470
	As % of GNP	12	30
Debt service (% of goods and services exports(1980/1993)		22	20

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: MALAWI
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $16 500 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1865	2312	406	476	764	19	1134	929	4169	5750	3737	17279	7906	23029
Household food security and nutrition	107	0	817	0	109	0	520	0	1552	1950	0	0	1552	1950
Water and environment sanitation	13	610	13	182	23	427	41	729	90	0	1947	9718	2037	9718
Education	420	275	621	57	147	0	529	87	1716	2500	419	5000	2136	7500
Community organization and development	2	0	0	0	0	0	0	0	2	0	0	0	2	0
Young child development	59	0	27	0	20	0	326	0	432	0	0	0	432	0
Women-centred programme	165	0	22	0	224	0	212	167	623	0	167	3600	790	3600
Advocacy, social mobilization and monitoring	427	62	295	11	965	0	1219	153	2906	2200	226	0	3132	2200
Programme support	177	7	133	23	273	0	559	23	1142	0	52	0	1194	0
Integrated area-based programme c/	0	0	0	0	0	0	0	0	0	4100	0	6250	0	10350
Emergency	106	2976	0	165	0	99	126	813	231	0	4053	0	4284	0
GRAND TOTAL	3341	6241	2334	915	2523	545	4665	2901	12863	16500	10602	41847	23464	58347

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.

b/ Actual GR expenditure includes allocations from global funds.

c/ Expenditures against integrated area-based programme have been accounted for in the appropriate sectoral programmes.

.../

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MALAWI
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH	GR	640	640	640	640	640	3,200
	FSF						
	NSF	1,800	1,800	1,800	1,800	1,800	9,000
	TOTAL	2,440	2,440	2,440	2,440	2,440	12,200
CARE AND NUTRITION	GR	420	420	420	420	420	2,100
	FSF						
	NSF	900	900	900	900	900	4,500
	TOTAL	1,320	1,320	1,320	1,320	1,320	6,600
YOUTH AND EDUCATION	GR	590	590	590	590	590	2,950
	FSF						
	NSF	1,650	1,650	1,650	1,650	1,650	8,250
	TOTAL	2,240	2,240	2,240	2,240	2,240	11,200
SOCIAL POLICY, ADV. AND COMM.	GR	470	470	470	470	470	2,350
	FSF						
	NSF	300	300	300	300	300	1,500
	TOTAL	770	770	770	770	770	3,850
WATER AND SANITATION	GR	180	180	180	180	180	900
	FSF						
	NSF	2,000	2,000	2,000	2,000	2,000	10,000
	TOTAL	2,180	2,180	2,180	2,180	2,180	10,900
PROGRAMME SUPPORT	GR	650	650	650	650	650	3,250
	FSF						
	NSF						
	TOTAL	650	650	650	650	650	3,250
TOTAL	GR	2,950	2,950	2,950	2,950	2,950	14,750
	FSF						
	NSF	6,650	6,650	6,650	6,650	6,650	33,250
	TOTAL	9,600	9,600	9,600	9,600	9,600	48,000

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MALAWI
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	3,200			3,200	0	0	0	1	0	0	1	2	1	4	686.8	352.3	1,039.1
CARE AND NUTRITION	2,100			2,100	0	0	0	0	0	0	0	2	0	2	0.0	383.9	383.9
YOUTH AND EDUCATION	2,950			2,950	0	0	0	1	0	0	1	1	1	3	686.8	214.1	900.9
SOCIAL POLICY, ADV. AND COMM.	2,350			2,350	0	0	0	0	0	0	0	3	4	7	0.0	780.3	780.3
WATER AND SANITATION	900			900	0	0	0	0	0	0	0	1	0	1	0.0	212.5	212.5
PROGRAMME SUPPORT	3,250			3,250	0	0	0	0	0	0	0	1	13	14	0.0	701.9	701.9
TOTAL GR	14,750			14,750	0	0	0	2	0	0	2	10	19	31	1,373.6	2,645.0	4,018.6
SUPPLEMENTARY FUNDING :																	
HEALTH		0	9,000	9,000	0	0	0	0	0	0	0	1	2	3	0.0	209.3	209.3
CARE AND NUTRITION		0	4,500	4,500	0	0	0	0	0	0	0	1	2	3	0.0	254.1	254.1
YOUTH AND EDUCATION		0	8,250	8,250	0	0	0	0	0	0	0	2	0	2	0.0	276.4	276.4
SOCIAL POLICY, ADV. AND COMM.		0	1,500	1,500	0	0	0	0	0	0	0	1	0	1	0.0	171.4	171.4
WATER AND SANITATION		0	10,000	10,000	0	0	0	0	0	0	0	2	3	5	0.0	444.5	444.5
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	33,250	33,250	0	0	0	0	0	0	0	7	7	14	0.0	1,355.7	1,355.7
TOTAL GR & SF	14,750	0	33,250	48,000	0	0	0	2	0	0	2	17	26	45	1,373.6	4,000.7	5,374.3
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		1,762.4													
		Staffing			0	0	1	2	0	0	3	2	6	11	2,107.3	755.4	2,862.7
GRAND TOTAL (GR+SF+ADM)					0	0	1	4	0	0	5	19	32	56	3,480.9	4,756.1	8,237.0
Number of posts and staff costs:																	
Current programme cycle											7	10	32	49			
At the end of proposed programme cycle (indicative only)											5	19	32	56	3,480.9	4,756.1	8,237.0

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.